

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 4. Motion and Affidavit for Permission to Proceed in Forma Pauperis

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form04instructions.pdf>

9th Cir. Case Number(s)

Case Name United States of America vs. Stella Maudine Nickell

Affidavit in support of motion: I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature

Stella Nickell

Date

7-5-2022

The court may grant a motion to proceed in forma pauperis if you show that you cannot pay the filing fees **and** you have a non-frivolous legal issue on appeal.

Please state your issues on appeal. (attach additional pages if necessary)

I have been a Federal inmate for over 34 years. I would like my case to be transferred to the Ninth Circuit. I am wanting to submit a motion for Compassionate Release due to the following I believe I qualify.

- Age - almost 80 years old
 - Medical Conditions
 - Completed over my minimum sentence calculation - over 34 years
 - Lack of medical treatment, mistreatment by medical staff.
 - I suffer from: Advanced Osteoarthritis in my hips, spine, shoulders, elbows and hands. I have 3 disks in my back that are deteriorated, I can't stand straight and need assistance to stand or walk. I have fallen breaking my foot ankle and ribs. I have suffered hearing loss
- Exposed to Covid and TB Twice - Categorized as "Fragile Elderly offender."*

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1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Self-Employment <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Income from real property (such as rental income) <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Interest and Dividends <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gifts <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alimony <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Child Support <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Retirement (such as social security, pensions, annuities, insurance) <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Disability (such as social security, insurance payments) <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Unemployment Payments <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Public-Assistance (such as welfare) <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other (specify) <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL MONTHLY INCOME:	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

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2. List your employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A		From <input type="text"/>	\$ <input type="text"/>
Federal Inmate		To <input type="text"/>	
FCI Dublin 5701 84th Street Dublin, CA 94568	Reg # 17371-086 Unit A	From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	

3. List your spouse's employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	
		From <input type="text"/>	\$ <input type="text"/>
		To <input type="text"/>	

4. How much cash do you and your spouse have? \$

N/A

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
N/A		\$	\$
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing. N/A

Home	Value	Other Real Estate	Value
	\$		\$

Motor Vehicle 1: Make & Year	Model	Registration #	Value
			\$
Motor Vehicle 2: Make & Year	Model	Registration #	Value
			\$

Other Assets	Value
N/A	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
N/A	\$ <input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age
N/A		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
<i>N/A</i>		
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <input type="text"/>	\$ <input type="text"/>
- Are real estate taxes included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
- Is property insurance included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone) <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
Home maintenance (repairs and upkeep) <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
Food <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
Clothing <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
Laundry and dry-cleaning <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
Medical and dental expenses <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
Transportation (not including motor vehicle payments) <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
Recreation, entertainment, newspapers, magazines, etc. <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
- Life <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
- Health <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
- Motor Vehicle <i>N/A</i>	\$ <input type="text"/>	\$ <input type="text"/>
- Other <input type="text" value="-"/>	\$ <input type="text"/>	\$ <input type="text"/>
Taxes (not deducted from wages or included in mortgage payments)		
Specify <input type="text" value="-"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

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	You	Spouse
Installment payments <i>N/A</i>		
- Motor Vehicle	\$ <input type="text"/>	\$ <input type="text"/>
- Credit Card (name) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
- Department Store (name) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alimony, maintenance, and support paid to others	\$ <input type="text"/>	\$ <input type="text"/>
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ <input type="text"/>	\$ <input type="text"/>
Other (specify) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL MONTHLY EXPENSES	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? ☐ Yes ☒ No

If Yes, describe on an attached sheet.

10. Have you spent—or will you be spending—any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If Yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

N/A

12. State the city and state of your legal residence.

City

State

Your daytime phone number (ex., 415-355-8000)

Your age Your years of schooling